

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

**Portman For Senate Committee**

Full Name (Last, First, Middle Initial)

**A. Frances Pepper**

Mailing Address 233 Oliver Road

City Wyoming State OH Zip Code 45215-2638

Purpose of Disbursement  
Refund of Excess Contribution

Candidate Name

010

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2016

Amount of Each Disbursement this Period

300

Transaction ID : B-E-71359

**B. John Steele Sr.**

Mailing Address 2412 Ingleside Avenue  
Apt. 6D

City Cincinnati State OH Zip Code 45206-2186

Purpose of Disbursement  
refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

Amount of Each Disbursement this Period

1000

Transaction ID : B-E-71356

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1300.00

12900.00